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3821
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|--|----------------------|------------------------|-----------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/676,448 | |
| | Filing Date | September 29, 2000 | |
| | First Named Inventor | Shawn D. Cartwright | |
| | Art Unit | 3621 | |
| | Examiner Name | Calvin L. Hewitt, II | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 26806.000 |

| ENCLOSURES <i>(check all that apply)</i> | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---------------------------------|
| Firm or Individual name | Cowan, Liebowitz & Latman, P.C. |
| Signature | |
| Date | December 22, 2005 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|----------------|------|-------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the | | | |
| Typed or printed name | R. Lewis Gable | Date | December 22, 2005 |
| Signature | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

| | |
|------------------------|----------------------|
| Application Number | 09/676,448 |
| Filing Date | September 29, 2000 |
| First Named Inventor | Shawn D. Cartwright |
| Group Art Unit | 3621 |
| Examiner Name | Calvin L. Hewitt, II |
| Attorney Docket Number | 26806.000 |

To: Assistant Commissioner for Patents
PO Box 1450
Alexandria, VA 23313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The reasons for this request are:

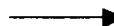
Client has an outstanding balance from September 2005 and has refused to pay the attorney of record. We request that further communications be sent to the client directly Shawn D. Cartwright.

It is submitted that the client/applicant would not be prejudiced by the granting of this petition.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number



Place Customer Number
Bar Code Label here

OR

☒ Firm or
Individual Name

Shawn D. Cartwright

Address

Theados Corporation

Address

4109 East-West Highway

City

Hyattsville

State

MD

ZIP

20782

Country

USA

Telephone

(215) 668-5817

Fax

(301) 779-4109

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name

R. Lewis Gable

Signature

Date

December 22, 2005

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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OR

Place Customer Number
Bar Code Label here

| | | | | | |
|---|------------------------|-------|----------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Shawn D. Cartwright | | | | |
| Address | Theados Corporation | | | | |
| Address | 4109 East-West Highway | | | | |
| City | Hyattsville | State | MD | ZIP | 20782 |
| Country | USA | | | | |
| Telephone | (215) 668-5817 | Fax | (301) 779-4109 | | |

- ☒ This request is made on behalf of myself and
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| Name | R. Lewis Gable |
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